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## APPLICANTS

Patrick L. Von Behren, Bellevue, WA;

Jian-Feng Chen, Issaquah, WA;

\*\* CONTINUING DATA \*\*\*\*\* *M*  
*JF*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 11/03/2003

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	COUNTRY	DRAWING	CLAIMS	CLAIMS
Verified and Acknowledged <i>M</i>	<i>020222006</i> Examiner's Signature Initials	WA	1	20	3

## ADDRESS

Siemens Corporation  
Intellectual Property Department  
170 Wood Avenue South  
Iselin, NJ  
08830

## TITLE

Extended volume ultrasound data acquisition

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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